: 10400/53201	
(Requestor's Name) (Address) (Address)	400061724604
(City/State/Zip/Phone #)	11/30/0501822024 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 05 NOV 30 PH 1: 36 FALLAHASSEE.FLORIDA
Office Use Only	FS 12/5/05- 0/0/05-

COVER LETTER

TO: Amendment Section Division of Corporations

utun Inc SUBJECT: (Name of Corporation) 410015 320 **DOCUMENT NUMBER:**

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person) Firm (Company) ie of ddress

(City/State and Zip Code)

For further information concerning this matter, please call:

яf (Name of Person) Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

٠ FILED **OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION 05 NOV 30 PM 1:36 ALLAHASSEE. FLORIDA Lila hereby resign as I, (Title) (Name of Corporation \mathcal{O} , a corporation organized under the laws of the State of

`

Travis Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314